

INFORMATION DISCLOSURE STATEMENT

: Andreas W. Dreher

App. No.

: 10/044,304

Filed

: October 25, 2001

EYEGLASS MANUFACTURING

For

METHOD USING VARIABLE INDEX

LAYER

Examiner

: Jessica T. Stultz.

Group Art Unit

2873

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing five (5) references that are also enclosed.

This Information Disclosure Statement is being filed before the mailing date of a final action under 37 C.F.R. § 1.113 and before the mailing date of a Notice of Allowance under § 1.311. A certification under 37 C.F.R. § 1.97(e) is set forth below. Thus, no fee is required as set forth below in 37 C.F.R. § 1.97(c).

CERTIFICATION UNDER 37 C.F.R. § 1.97(e)(1)

I hereby certify that each item of information contained in this Statement was first cited in a communication from a foreign Patent Office in a counterpart foreign application not more than 30 days days prior to the filing of this Information Disclosure Statement.

Respectfully submitted.

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U.S. DEPARTMENT O RTO-1449 PATENT AND TRADEMARK OFFICE INFORMATION DISCLOSURE STATEMENT BY APPLICANT (USE SEVERAL SHEETS IF NECESSARY)

OF COMMERCE	ATTY, DOCKET NO.
ENAME OFFICE	OBH 0044

APPLICATION NO. 10/044,304

APPLICANT Andreas W. Dreher FILING DATE

October 25, 2001

GROUP 2873

	U.S. PATENT DOCUMENTS						
-EXAMINER INITIAL	DOCU	IMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)
	4	,422,733	12/27/83	Kikuchi et al.			
1			}				

		FOREIGN PATENT DOCUMENTS							
EXAMINER	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION		TRANSLATION	
INITIAL						YES	NO		
	FR 1,411,976 A	09/24/65	France				Х		
	JP 57 046202	03/16/82	Japan						
	JP 57 201216	12/09/82	Japan						
	WO 99 13361 A	03/18/99							
		1							

EXAMINER INITIAL	OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)

S:\DOCS\JOM\JOM-5084.DOC:073003

EXAMINER	DATE CONSIDERED
*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WIT	